

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	WA	70891	2/9
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	CM	71632	3/14/00
RESPONSE FORMALITY REVIEW	CM	71632	4/26/00

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	6/14/02
2	12/30/02
3	6/23/03
4	3/11/04
5	
6	✓
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10	✓
11	✓
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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